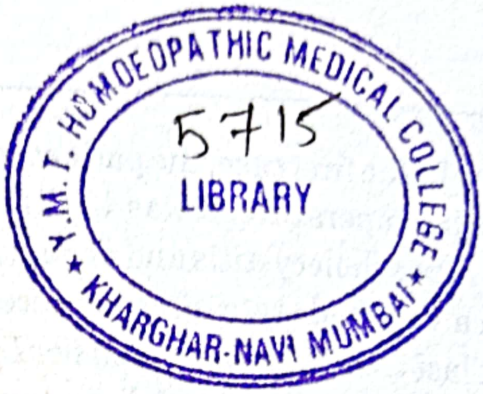

THE ART OF CASE TAKING

Today, I shall discuss the art of interrogation but first I shall mention one or two points about homoeopathic treatment.

The remedy you select may be of mineral or vegetable or animal origin or a nosode. If you are considering a mineral remedy, before giving a mineral remedy, please try to begin the treatment of your case always with a vegetable remedy. There is only one exception to this rule and that is *Lycopodium*. It is a vegetable remedy but please generally avoid beginning the treatment of a case with *Lycopodium*. With *Lycopodium* it is the experience of the old homoeopaths — it is so deep in action, like *Sulphur* and *Calcarea*, comprising the 3 big remedies of our materia medica — that when you begin with such a remedy you create a turmoil and you may have sometimes an aggravation that you do not wish, so sharp. And so, you have to be cautious not to begin with *Lycopodium* unless it is absolutely indicated. I make also an exception there, because all remedies in the materia medica have two phases — an aucte phase and a chronic phase. We have an acute *Sulphur*, an acute *Lycopodium*, an acute *Arsenic* and so on. Sometimes, even a deep-acting remedy may be indicated for a short while in an inflammation or something of that kind but it has to be prescribed carefully. I remember a friend in Lyons who made two mistakes.

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In the first case, the patient was a lady doctor who had a very high temperature. It was 43°C. She had at the same time a crisis of acute cholecystitis and pneumonia, and she was delirious and in a very bad state. She had received all kinds of remedies and at last the doctor had given her *Lycopodium*. In the acute pahse with cholecystitis and lung trouble it is such a risk. At the moment when the patient is trying to help herself, to give the remedy so deep in action is dangerous, of course. The result was very quick — the delirium became worse, she could not recognise any one, and she was in such a bad state with high fever, trembling and sometimes with semi-convulsions that a priest was called in to give her benediction before she died. And at this time we were asked to see the lady. I go every month to Lyons which is some 200 miles from Geneva, to deliver lectures to 40 to 42 physicians there and this was one of my students in Lyons. So I said the only thing to do now is to antidote the *Lycopodium*. Of course, *Lycopodium* was her own drug but especially because it has an action on the liver, you know, it aggravated the case. She had terrible pains, she was shrieking, she was in a really bad state. Now she was extremely agitated, she was very red in the face, she did not know what she was saying. And with this high fever, she was also very thirsty. So I thought the best thing is to give *Aconite* 10,000 first and then wait and see what we can do. Then she began to recover a little consciousness, she began to pray and she said to us : "Now I wish to pray with you" and she was always speaking of praying. So with this high fever, this agitation, this praying, it was typically *Stramonium*. So we gave a 10,000 of *Stramonium* two days after the *Aconite* and this moved us a little towards a better situation. But, when we came to see her after the *Stramonium*, she still had a very high fever because of the lung condition. It seems that the pain in the liver was a little better but she was extremely nervous and stood up with a 42°C fever to tell us : "Oh, I do not know why you are coming. I am extremely well. I have nothing, no trouble. I am cured. I thank you very much. You are very kind. But there is no need to come now," and so on, but she did not realise that she

was so sick. This is typical indication, as you know, of *Arnica*. So we gave her *Arnica* 10,000. She rallied very beautifully and started bringing out some *Lycopodium* symptoms, probably she had had too much of *Lycopodium*. But by and by we could see she was better and after about two weeks she was again on her feet, cured. And now it is three years she is quite well. She was very pleased. It had been a mistake to give her *Lycopodium* at that moment.

In the second case, the son of this physician, who had given the *Lycopodium* had a sore throat, which began on the right side and went to the left, with a very dry mouth. He was very thirsty with a very bloated stomatch and he was asking for water all the time. He was, I do not know why, having irritation in the throat. The throat had one or two little white patches, and was very red with no ulceration, but he had terrible pain on swallowing. He could not swallow. There were some indications for *Lycopodium* and so his father gave him *Lycopodium*. But in such situations you should rarely begin treatment with *Lycopodium*. Please generally begin with something else. You can give *Aconite*, you can give *Bryonia*, *Belladonna*, *Pulsatilla*, any remedy in the vegetable kingdom except *Lycopodium*. So, he was growing worse, not better, and day after day the fever went up, he was not able to swallow a little even and he was emaciaitng. The father was anxious, the mother was worried and they were not at all pleased. So, I came and I looked at the case and I must say frankly that by taking the symptoms carefully I found it was a plain case of *Lycopodium*. Now what to do? We waited three days and were watching the case. I thought of many things to do. I thought I would do what Hahnemann did for the rest of his life. There is a way to give remedy which is less harmful and less reaction-making — that is by inhalation. So, we gave *Lycopodium* but not the 200th which had been given already but one inhalation of the 10,000th because he had had it already lower. So I gave him just one nice whiff, one little inhalation. But now, how do you apply the inhaling method? Hahnemann said,

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take one single globule of poppy seed size in a clean new bottle, not a washed bottle in which something else had been kept but a new fresh bottle that has never known any remedy, which is absolutely virginal. In this you put some drops of the potency in alcohol, and you hold this under the nose — one good inspiration there and you stop. You must realise that you are actually inundating the system with the medicinal energy. You are putting this on a surface of 81 square metres which is the total lung surface. In the evening the fever went down and the next day the boy was completely cured. His fever had been going on for 4 days, you know, and now in a very short time he was cured. This is an exception of an acute *Lycopodium* case. So I tell you, habitually, pay attention to *Lycopodium* and do not give it very easily. Yes, yes, Hahnemann said : "Give, if possible, an acute remedy, which is not Psoric, for acute cases and try to search first in the vegetable kingdom. Now, if you cannot get such a remedy, you may give a remedy like *Pulsatilla* or *Lachesis* from the plant or the animal kingdom, if necessary. But for the beginning you may use your *Aconite*, your *Belladonna*, your small remedies, we will call them small remedies, good remedies — very high in standing when they cure, they are then the kings of the situation — but still we call them small remedies, because their action is short. We do not risk any aggravation or engrafting something else on the system by repeating them. So that is why it is good to use them. Now, when you have an acute case begin with a remedy from the vegetable kingdom.

If this acute illness only came once in patient's life, it is quite alright, but if it is a recurrent disease — throat pain or headache or anything like that — the time to give that remedy is always right after the acute crisis. That is the time when the body has tried to throw the toxic stuff away and is the best time to let the remedy act properly. So that is why, when he has an acute case the art of the physician lies in taking care only of the symptoms of the moment, of the acute symptoms that he has before him, not to take into consideration that the patient has had tuberculosis or cancer — these are beside the acute things. Please think the situation is bursting out, it is like a flare-up. The symptoms are clear, the desires and aversions are typical. So give at this time, please, consideration only to the acute symptoms, to the symptoms of the patient at the moment. And this is not the time to take into consideration the chronic case — the tendency of the family, the mother, the father, anything else. It is only when you have no results that it shows you it is not a pure typical acute case but is an exacerbation of the chronic disease. And here we make a distinction. Between the chronic and acute, there is a bridge and in the middle of the bridge is what we call the exacerbation of the chronic disease which sometimes flares up. There you can give your remedy which first is the acute one, then comes or follows the chronic one. And an interesting thing is that all the remedies have acute and chronic phases and we must try to find what are the indications of the acute phase. Well, they will be very useful. Now so far about the question of acute remedies and chronic remedies.

In the art of interrogation, of course, the aim of the physician is to try to face five different kinds of questions which we must always have in mind very well. Of course, for the acute phases, please observe what you see and listen to what you hear. You must remember that Hahnemann said something very interesting in his *Organon* : "When you come either for acute or for chronic, but for acute especially, you have always a symptom, a symptom that you see yourself. As a physician, you examine the patient and you see what are the symptoms. But this is not sufficient. If the patient can talk, you must listen to the patient. But this also is not sufficient. Sometimes there are things the patients do not know or do not tell. And there are some things that the physician cannot know and cannot observe. If the patient has epileptic fits at night, how will you know this by looking at the patient; he won't know this himself! It is the mother, it is the father, it is rather someone of the family who can tell you. So you must know the symptoms of the patient, the

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symptoms you discover yourself or that he tells you and the symptoms that a family member or someone else observes and tells you either about his walk, his behaviour or his way of doing things etc. So we must have these kinds of symptoms to start with.

Now, in the *Organon*, Hahnemann was saying something interesting too, that many people did not note something by which we recognise a disease — by the symptoms of three kinds. He says, recognise three kinds of symptoms : "Symptoms, signs and accidents." You know this *Organon* has been translated now for 175 years and yet nobody has ever understood what signs, symptoms and accidents mean. What is a sign? We know the signs of pregnancy. Yes, these are physiological signs. These are not symptoms because symptom refers to disease. There is the sign of respiration, for example which is a sign or manifestation of health. It is not at all a pathological sign. Now, in disease we have pathological signs. Hahnemann said very clearly, "You know *Opium* produces constipation and hard stools." Why did Hahnemann say so? You know Hahnemann never says something without reflecting very much. You know, constipation is something and hard stool is something else. Some people have inactivity of rectum and so have constipation even with soft stool. They are constipated in quality and quantity. So you must be very careful to know what is really meant by Hahnemann when he says, "*Opium* produces constipation following hard stool."

The sign is what we call the objective symptom while the symptom is subjective. Subjective symptoms are the symptoms described by the patient. An objective symptom is that which not only the patient can see but the physician can also see very well. But he cannot know if you have a headache — he cannot know if your pain is priking, stitching, darting or stinging or whatever kind of pain it is. It is you who tell him, so it is a subjective symptom. So this comes under the symptom. And what is an

accident? Accident is a symptom which has nothing to do with a chronic miasm; it is something which comes from an external source. Suppose, you burn you hand, it is an accident. It is not a symptom, it is not a sign, it is what you call an accident. It is not a disease that comes by the disturbance of the vital force, like whooping cough. So a burn like a prick of a needle which gives an infection or a sting from a busy bee or wasp is an accident, it comes from outside. Now, if you take some poison yourself this is an accident. It has nothing to do with the vital force. If you take away the cause, the thing goes away by itself. But you cannot take the cause away from a grief, you cannot take away easily something following indignation. This is something to do with the Vital Force and this is a subjective symptom. And you know that contrary to ordinary medicine, apart from the Psychiatrist, we are also very much interested in those mental symptoms — the psychosomatic aspects. For us they are very important, because they predicate the patient.

And for us when we take a case we must forget everything else. When the patient asks me, "Have you treated many cases of asthma before or this kind of skin disease before?" I say, "Good Gracious! I hope I have not." Because I am not like some physicians who say, "The more I see a kind of disease, the more I am able to treat it." It is just the contrary in homoeopathy. We are like judges. "Because this one has stolen something is he guilty like that one? May be that one is guilty, this one not". Therefore, everybody has his own case. We must study each case by itself. If somebody else has asthma and this one also has asthma the cuase may be absolutely different and your task is to forget the twenty cases of this disease. You had seen last week and to take this case as a new one. So when you have had many cases of disease, it is more difficult to take the new case because you will have to forget the cases that you have treated and not just copy and give the same remedy because it does not help. So what we must do in Homoeopathy is to be very careful. Every case by itself is a new case — you must forget everything before

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and after. But you know we are so prejudiced that when we see a case we think, may be it is *Pulsatilla* and you ask her, "Are you thirstless? Do you dislike fat and salt?" And you know you are making the greatest mistake, that is to put into the mouth of the patient the answer because you like to find it is *Pulsatilla*.

I remember Dr. Mable asking, "When you hear a tap open, do you feel a desire to urinate?" Of course, you would like to give *Lyssin* if the patient answers, "Yes". Again he was asking the patient, "Are you not sure that when you are near the river you feel like urinating?" You know in this way, by such questions, we are bringing out only very forced material. You must be absolutely independent and neutral in your questioning. But as our mind is generally prejudiced there is a way to get rid of it. I will tell you the secret. When you are taking the case of the patient and you see it is *Pulsatilla* you write in the corner of your case paper, there, *Pulsatilla*. Now, after ten minutes, it is typically *Nux vomica*, so you put down *Nux vomica*. Then you see symptoms of *Arsenic*, you put down *Arsenic*. So you are astonished at the end of the questioning because you have twenty different remedies now that come on because, of course, they are symptoms of these remedies that you remember. Therefore, your memory is very good. But in spite of being good, you cannot know fifteen hundred pages of the repertory. So first beacause we have put down the remedies, our mind is free, we are neutral and then after this, we begin to study the case with a certain consideration and according to Kent's and Hahnemann's method. Well, we will come to that later. But the main thing is first to take note of all your observations absolutely neutrally.

Now, Dr. Gladwin as well as Dr. Austin who were my teachers told me to divide the page into two parts. To the left, you write all the pathological symptoms, the pathognomonic symptoms of the disease. The patient has tuberculosis, he is coughing, he is emaciating, he has sweat and so on. So you write down on one side, on the left side, everything that pertains to the

diseases. For this you must know the disease, you must be a good allopath first. It is not a question of allopahy or homoeopathy but it is a question of knowing your Medicine. So yout write down very carefully all the symptoms on the right side which are the non-pathognomonic symptoms — the symptoms that are not habitually occurring in this disease. Let us say the patient is a tuberculosis patient and he has a desire for vinegar, I do not know what this desire has to do with tuberculosis. Or suppose this patient cannot tolerate fats. Why? For what reason this tuberculous patient who habitually likes fats very much is now averse to fats? We do not know. So these things you know are important which make you say, "Now, I have never seen a patient like that before." Let us take a patient who is paralysed, you touch the limb which is paralysed and you find it warm. Habitually, a paralysed member is cold. Now, what is this funny thing? We have a description in every book, it is written that when you have a hemiplegia the paralysed side is colder than the other, but in this case it is not so — this is unusual! So in this way you are struck by these curious things and you just notice these symptoms which are peculiar, which you do not predicate with the name of the disease, they predicate the patient himself. There is the key of our success. You may not even know for what he is coming — for a rheumatism of the neck, a headache, or anything else. You may even forget disease condition when you prescribe the remedy on those non-pathognomonic symptoms, funny symptoms. So please pay very much attention always to the non-pathognomonic symptoms. To understand this you must know your Medicine well because you must know what is the disease usually like — whether it is enteritis or cholera or anything else. You must know what are the symptoms of disease but, if you find something that has nothing to do with this disease, so that it predicates the patient, please value it. And you will make your best cures when you can find such symptoms.

I may say here that when a patient in any disease has still many non-pathognomonic symptoms (symptoms of himself)

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there is a hope of cure. But unfortunately in cases at the end and in manny chronic diseases e.g. multiple sclerosis, there are almost no symptoms of the patient. You have only symptoms of the disease. All those individualising symptoms fade away. These cases then become difficult to cure. That is why I insist that you find the non-pathognomonic symptoms.

The first thing after having heard the patient is to allow him to tell all about the disease. Of course, I suppose you ask him first what are the things for which he is coming to consult you. Then you let him talk. If they talk too long, ask them to come again. They will always come and then when they are finished, you must not be pleased with it. You must ask, "What is more?" When he has ceased, still ask him, "Tell me more." So you must ask, you must express from them every detail, till they tell everything about their sickness, all they may know about their disease.

You may find sometimes, that after every symptom has been taken down, a lady patient coming back again with a long list of symptoms, giving again a different story. Otherwise, she will tell you that you have not had the time to listen to her, you were in a great hurry. So when I see it is along case, I always say, "All right. Come along another time." So when they come three, four or five times they begin to feel that they have described their illness enough.

Now is the time to yourself begin the questioning. When they have finished telling their story, you begin to ask questions. Habitually, you can begin with the hereditary taints. It is interesting. You must know the patient's religion too. Why the religion? Because you know, for example, in our country Catholics have many fears — fear of the flames in the inferno (hell) which Protestants do not have. The Jewish have other kinds of fears. Then about the profession. It is interesting to know because our patinets may have troubles because of their profes-

sions. So, of course, the first thing is to try to remove the cause. Then you must know how many children they have, if they are married or divorced, if they have any domestic troubles. So, when a lady has been divorced once or twice or a third time, you begin to see the symptoms which are very probably of the animal sphere, and it may be *Lachesis* or *Sepia* or something like that.

After you have asked the preliminary symptoms, come the general symptoms. Of course, the general symptoms are such that everybody is supposed to be questioned about them. There you must know your repertory quite well. The first question is about the state of vital heat — excess or lack of it — which is very important. Then about the time of the twentyfour hours when the patient feels worse, then about the climate, modifications, about the position, motion, about the air — snow air, mountain, seashore etc., about hot or cold water, about their clothing — if they like tight clothing or loose, about the question of woollen clothing, then about the food, what are the foods which make them worse, about the wounds, whether they clear up easily or they suppurate easily or bleed freely, etc. etc.

When you have asked about the general symptoms, you become a little more acquainted with your patient, he sees that you are interested in him. Then he is ready to give you some mental symptoms. Now, you have to judge if it is the time to go further. If you cannot ask mental symptoms, you can go on then to the symptoms of desires and aversion in food.

The attention to the method, how you ask your questions is very important, for example, if you ask the patient, "Do you like *Namak* [1], of course, the patient will tell you "yes" or "no". But first you must never put a question that they can answer by a yes or no. It is not so easy. In the translation that I have made of the original *Organon* 6th edition is a series of questions. (I

1. *"Namak", is Hindi word for common salt.*

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made the translation because I found to my great astonishment that the man who had translated all the works of Hahnemann into French was an allopathic physician who never knew homoeopathy! Can you imagine? Nobody has ever found this out. Hahnemann has never recognised any translation as perfect. So you see when I saw many mistakes, in shades, in very fine shades, we found it necessary to bring out an edition where everythng is written exactly as Hahnemann said). So Hahnemann has made the questionnaire which is a marvellous thing where it is impossible to answer the questions by a Yes or No. (But your English translation is not right at all. You cannot unfortunately rely on this translation. Hering who knew French, English and German was a keen student of Hahnemann and he has translated the *Organon*, 3rd edition. And we rely on this edition very much for many shades or meaning. He only translated the 3rd edition — not the 4th or 5th). And so about the questionnaire, there you will find two things in Hahnemann. These questions, they are fascinating. Not one question can you answer by a yes or no. You do not ask the patients ,"Are you thristy?" Because when you ask them, "Are you thirsty?", they think you are referring to soup or tea. Of course, you can drink tea without being thirsty for the pleasure of taking tea, but that is not relevant here. So there are patients who think that they drink soup when they are thirsty but that is wrong. Some others drink lots of water and think they are not thirsty because it is at the time of the meal. So you must be very cautious. "How much liquid do you need in a day?" or "What about thirst?" They cannot say Yes or No. They must think. You cannot put questions like "Are you jealous?" So you have to put such sort of questions as taught by Hahnemann. You can copy them. They are very nice. Such are the questions that they must be answered by the patient without being able to say Yes or No in reply.

Another thing, Hahnemann has prepared 22 questions about diseases they will hide. The patient will not tell you the

truth or will not tell you at all. And Hahnemann has described 22 very interesting different diagnoses and diseases or troubles that the patient hides. Or he hides something of his mind when there has been trouble about grief, or mortification or some wrong that the patient has committed that he will not tell you about. So you may know many interesting things by asking the questions that Hahnemann has put down. Of course, a homoeopath, besides his homoeopathy, is able sometimes to know things which the patients willl not tell him. How is he able to do it? *First*, observation. *Second*, somebody has told him something before the patient came and therefore he knew something already. He must have good memory about it. *Third*, you have people who know graphology asking the patient to write something and you know many such things by knowing graphology. A good homoeopath should know graphology because it helps very much. Now nominology may help through the name of the patient. Every name is a vibration. The name that you are given when you are born is not something in the air. It is something that vibrates every time you are called, Paul or Samuel or something. This name has, in fact, a science about it. Besides this, there is numerology. By the name and birth-date of the patient you can tell his character. At once, you know his tendency. You know if he is stubborn, very sensitive to beauty or form, or if he is a businessmsn etc. All these you know by the date of birth and if you have further a microscope you can look into his eyes and see by the form of his pupil what he is hiding.

For example, once a young girl about 18 years of age came complaining that she had been having constipation for six months. She had gone to many physicians and had tried many laxatives. Either there was no result or they gave such side-effects that she was sick many a time. Now, the question is why was she constipated so much? She was going to the school and nothing was wrong. I looked into her eyes and the pupil which was supposed to be round was not round at all. In the 12 o'clock position was a sign of grief. She was suffering from grief but she

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would not tell — a silent grief. The ailment was possibly due to silent grief. May be it was *Ignatia* or *Nat. mur.* In a girl of 18, what can it be? It can only be a sweetheart and a sweetheart that she cannot tell her mother or father about it, or is opposed by the father or the mother. So I said to the girl, "I think you have a grief connected with your sweetheart." She began to cry and the mother said, "Yes, that is so but she would not tell me earlier." This was the cause of the constipation. One dose of *Ignatia* and she was cured at once. Since that time there has been no trouble though I had to arrange with the parents and the daughter how to manage the situation so that it can be accepted.

So you see, you can get information even by looking into the eyes. Now, this was in the right eye. If it is in the left eye, it is not all grief. This is funny. Every body is divided into two parts or two poles, the right one is father's side, the left one is the mother's side. If it is in the left eye, it is a revengeful feeling, or rage inside, an angry feeling against somebody e.g. it could be a secretary whom the boss is every day criticising and fault-finding, so she comes every day already trembling and says all day she is constipated, because she is always under fear. So this is interesting —ailment from fright and silent or suppressed anger. In this case, what is the remedy? *Staphysagria* of course. What is the full name of *Staphysagria? Delphinum Staphysagria.* It is a plant. It can be rosy or blue. It has symptoms of indignation, angry feeling that you cannot express.

Sometimes you must be like a detective, you must make deduction. Once there was a lady who came to me. I was treating her husband and her mother and I was knowing that her family was absolutely harmonious. She liked her husband, she liked her nice children, she had a nice mother. She was not working in an office. She was at home. Now I thought to myself what can it be? It can be only one thing. It must be a lady, a maid, of course, perhaps putting the water in the flower vases so much that it fell on to the carpet a little or perhaps she put no milk in the tea,

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giving trouble all the time. Of course, I thought this lady cannot tell her husband because he will be annoyed. So she keeps it to herself. I said to her, "It is of course that lady who is making trouble for you, doing this and that." She said, "How do you know? It is exactly so." This is very curious and this is so when you see it in the left eye. Now, if you have a flattening at 6 o'clock (position) instead of at 12, it is something else, it means that the patient has flat foot. So you must give her something to put in her shoe. If the patient does not tell you this, it is very difficult to know. But by looking into the pupil only, you know this at once. Now, when you put a light into the pupil from sideways or so, the pupil at once contracts and a normal pupil contracts and remains contracted as long as there is light. Instead of this if you see the pupil always contracting and dilating, what is this? This is found in a vagosympathetic patient. Such patients have alternating troubles. They have alternate constipation and diarrhoea and their characteristic moods are always either up or down, like the pupil, always up and down, never at the centre.

So you see there are so many things to be learnt by looking at the pupil. I have not the time to describe them all today. There are at least 10-12 diseases which can be diagnosed only by looking into the pupil[2]. Unfortunately, most of the books written on the subject are quite bad. The only reliable book is by Dr. Sinabe in German.

Now, you have had a look at your patient and then you are beginning to note the general symptoms. You are beginning to take the symptoms of the stomach, the desires, the cravings etc. When a patient has a desire e.g. for salt, for *Namak* as I told you, it is not sufficient if he says, "Yes, I like salt". This is not a symptom. No! There are people who prefer adding salt *before* eating, they add salt *before* tasting the food. This is a desire for salt. There are patients who cannot go the whole day long

2. *This science is called Iris Diagnosis.*

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without a piece of sugar or chocolate or something sweet in their pocket because they love sweets. This is a desire, this is a craving. But when the patient says (in a dull unenthusiastic voice), "Yes, I like this, I like that," this is not a symptom. He must say that eagerly with force. As they speak, it must show on their faces — what they like and dislike. So you must be very careful about this and you will be helped by the way they answer. This cannot be weighed in writing. Only, you can underline (the symptom) once or twice if they really seem to be very typical.

By the way, it is no use asking the patients things that are not in the repertory, because that will not help you to find the remedy. If the patient likes almonds, for example, it is very nice but because it is not in the repertory, it is no use asking this question.

So there is salt, sugar or sweets, fats and sour things that you must absolutely know because they are in the repertory. Now, you also have butter, cheese, eggs, milk, meat etc., but funny to say, patients do not show so much craving for these, but the four things I mentioned first are very important. You know eggs are very important in our country because we eat many eggs but there are only 3,4 remedies given in the repertory. So in the repertory when there are only 3, 4 remedies e.g. *Fer.*, *Calc. c.*, etc, we cannot go very far. Our remedies have not been proved enough to bring out all those cravings. so it is up to you to please try and add to our repertories by making provings and trying to find out new symptoms. So do not find fault with Hahnemann and others. Please try yourself to do better.

Now, we come to thirst. What about thirst, especially when there is fever? Suppose the patient says, "Oh, I never drink (water) when I have fever", this is interesting. If they are thirsty during fever, it is absolutely not interesting because everybody with fever is thirsty. But in a case when you expect people to be

thirsty, if they are not, then it is very interesting. If they say, "Yes, when the weather is very hot, I drink much water," please remember that everybody does so. So please put this in the column of pathognomonic symptoms and take the other one "When it is very hot I never drink." This is a symptom you at once put down in black letters or gold letters. This is important.

Now, comes the question of sleep. You know in sleep we have been able to add different symptoms which you do not have in your repertory[3].

So the first thing that is interesting about the sleep is that many patients complain of sleeplessness. About sleeplessness, it is interesting to know which time he is sleepless. Now comes the kind of sleep, whether the sleep is heavy or if he sleeps like the cat, or the dog who hears with one half of the brain while the other half is sleeping. There are people who can tell the things that were spoken all the night though they were in a slumber, which is really not a sleep. It is not normal. This is not repose, this is not refreshing. Because it is the grace of God to have the sleep, this time when the body is free from the soul and is

3. *In my repertory, I have put down the mental symptoms of Dr. Gallivardin, a Frenchman who studied all his life only mental symptoms and cured many patients only by the mental symptoms. It was his hobby to study mental symptoms and pick out the remedy only on the mental symptoms. No other symptoms — only mental symptoms! He cured so many cases, you cannot imagine. Patients were cured even without their knowing that they are taking the remedy because the remdy was given in the wine, even in the coffee and the milk and it worked beautifully. Of course, we say coffee antidotes the remedy but the coffee is in a crude state while the dynamised spiritualised state of remedy is something quite different. But it acts still, even with coffee.*

Among the symptoms I have added in my repertory is Adultery. We have remedies to induce a man to quit his mistress and come back to his wife. We have also remedies to wean away people who are drinking whether it is wine or beer. I have added all these in my repertory.

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retiring and resting in the night. But nobody has been able to explain what is sleep. Nobody knows what it is. We have had many theories but nobody is satisfied with them. But anyway with homoeopathy, we can help this sleep.

Now, it is very important to know what you do while you sleep. Some people sleep with eyes open. You may ask the patient but the patient does not know. It is the mother or the father who tells you, "Yes, the eyes are always open." In some others when they sleep, the saliva is running. Some others have jerks and give kicks around to the mother or to the husband. It may be twitching, it may be jerking, it may be shocks — you must make out the differences between them. It is not so easy.

What is intersting is while the patient sleeps he may be doing different things. He may be rolling his head this way or that. He may do funny things with the hands when he sleeps. He may sleep always with his feet crossed. The remedy, as everybody knows, is *Rhododendron*. Now there are patients who sleep in funny positions, square in the bed. Some others can sleep only on the left side, in spite of heart disease which is very interesting—only on the left side, with hear disease! This is just a symptoms to which the homoeopath gives high consideration, because we will not expect somebody with palpitation to sleep better on the left side. And now some put their arms up above the head. Some people sleep like that, like Hitler. Now, when people sleep like that there is some trouble with the liver. Ask them, enquire of them. But in children it is normal, please. In adults it is not so. Now, there are people who put their hands and feet always apart, like *Psorinum*. They cannot sleep with their limbs close. Some like their head high. Some like the head low. Now, so much for the question of position in sleep.

I had just a patient for whom I could not see what remedy was to be given. She was a young girl of 14 years age. Can you imagine? She weighed 65 kg. at 14 years of age! She was myxoedematous. When she was younger, something had happened to her in the school which she was not able to describe. Her teacher had come at her with a pen and the girl had become very much frightened. Since then she has been becoming more and more obese. She had been to every gland specialist and had taken every treatment with no result. She had also another symptom. She was always tired. She would come from school and go to bed. And it is a life which horrified her mother to see a girl coming home like that. I interrogated her much and got out one more symptom. You know we always search for the cardinal symptom. There is one symptom in everybody which is so peculiar, so extraordinary that when you find this symptom it leads you to the remedy. I call this the cardinal symptom, the pilot symptom. It is very rare that you do not find other symptoms fitting in with the remedy indicated by this cardinal symptom.

This girl was saying, "Ah, yes. I have also a kind of wheezing breathing and sometimes a little asthmatic but with this difficult breathing I am always better while lying flat." With difficult breathing people would like to sit and breathe but this girl was just the contrary. We like contraries. We like things which make us reflect and say, "Stop now. This is not normal." What is the matter? She was always very chilly and I learnt that this girl always liked something warm around her, and she was not very clean I must say. And for my nose it was not the perfume of Eau de Cologne, when I went near her to look at her. All this was so plain so far as I know, that I gave her one dose of *Psor*. 10M and since that time she has already emaciated many kilograms. And now she is sleeping normally with an expression which is very much pleasant. She is so full of pep that she comes from the school to study and in the morning she says to her mother, "Please, I will go early to school because I like the school so much", and she plays with other children which she never did and when she comes home she does not go to bed to lie down but she would like to study or to go to play outside — all with *Psor*. 10M, one dose. That is the law of homoeopathy.

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So, you see, we must pay attention to the symptoms. I remember another case which was very funny. It was a physician from Congo. He came to see me because he had many symptoms. The case was a little difficult, cases of physicians are always difficult. They interpret the symptoms. They tell you symptoms of this remedy and that. They always modify them. It was not very clear. But, thank God, I got one symptom, a key symptom. He told me, and it was very funny, "I can never go to the toilet without a handkerchief." "What is the matter?" "When I go to the toilet to pass my stool, I must take my handkerchief because my nose starts running." Of course, an allopath would laugh at it and may be also a homoeopath but a good homoeopath will laugh internally, being so satisfied. This is a very good symptom, this is a pilot symptom, this is a cardinal symptom, this is a symptom that will lead to the cure because it is in the repertory. With the divine homoeopathy, you just have to open this divine book that is there (*Kent's Repertory*) and you just search and there is only one remedy for that symptom. And the only remedy is *Thuja* — the only one! You see you have to only open the repertory and you get the remedy — *Thuja*. So a funny symptom like this leading to the remedy is one of the marvels of homoeopathy. When you know a corner of the picture, you can know the whole picture. The patient is not someone you know but as you continue to ask him questions, he asks you "How do you know this, Doctor?" Of course, as I begin to open a little of the corner and look into him, I know he will have such and such symptoms though it is not someone I know. It is like a picture of a great painter, you know you can open a corner and tell what will be rest. Of course, if it is a pitcture of Leonard da Vinci or Raphael, you will be knowing the rest by knowing a corner. And it is the same with homoeopathy. You know your materia medica, you open the corner and it looks like *Thuja*. Now you would like to ask, "Have you had Sycosis or gleet before?" No, you must not ask such questions that he can answer by a 'Yes' or 'No'. But you must put your questions in such a way that he is free to give the answers though you may know the answer

already. Yes, here in this case it was exactly *Thuja*. So as I told you, the non-pathognomonic symtpom leads you to the remedy if you can discover the rather singular, the more typical, peculiar symoptom as stated in paragraph 153 of the *Organon*. So this you must know absolutely.

Now, you have considered sleep — what the patient is doing during sleep with his hands, with his feet, with the head and so on. So it is a question of finding a right symptom. Now, after considering the desires and aversions, the symptoms of sleep, the general symptoms, we can go to the mental symptoms. This will be the time before going to the sexual symptoms. Because mental is all right but sexual is something that is more difficult to ask. Mental symptoms are of a different class. Of course, as I told you, a vague symptom like sadness does not interest us a bit, but if it is sadness before menses only, or sadness only in the evening when it is twilight, or for example, there is sadness when you are thanking people or when you make a discourse, or when you cry you feel better (some others feel worse), this is interesting because it is something different. If I tell you please go to the station to meet one of my friends who is coming and he has two eyes, two ears, two legs, and so on, you cannot distinguish him. But if I tell you he has a green *Topee*, he has one eye closed, he has a nose just turned to the left and he is limping, of course, you will find him quickly. It is just the way you must proceed when you are trying to find something in repertory. Try to find modalities please and symptoms which go with these. But a general symptom like sleeplessness, or sadness is no symptom.

Now, what questions shall we ask about mental symptoms? You know these symptoms are very peculiar. They are really represent the patient and for us homoeopaths it is really the main thing to match or to try to match. We must know how to ask mental symptoms. One doctor told me the first time I was working with him that if you are not able at the first consultation to make a patient cry or laugh, if you do not touch the heart

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of the patient you will not find the remedy. Now there are different questions to ask. Of course, if you ask somebody, "Tell me what are your defects please", he laughs and says he has so many. "I have so many, I cannot tell you. Ask my mother, my father, my wife". Somebody who cannot remain patient may tell you that he is absolutely patient. It is just the contrary to what they are. It is one of the funny things in life that we believe some things which are contrary to fact. We believe a patient is very kind but when we hear about him we find it is exactly the contrary. So please be very modest about what you think about yourself and try to think when you see in others some defect which makes you irritable, about your own defect, that you have exactly this defect and when you are angry about something and you feel irritated about different things that you see in somebody, they are the little things that we have exactly. But you know the subconscious likes to hide our conscious defects. So we do not know ourselves really exactly.

Now, the first question we ask a patient is this and I have found this a question which opens the situation well. "What is in your life the greatest grief that you have gone through?" So they cannot say 'Yes' or 'No'. There are some who say they have had no grief or pleasure. "You are very ungrateful. Now think", you say. Some remember the love affairs when they begin to think. Some others have lost their parents and they begin to think about that and the tears come out. Some others have lost all their fortune. People begin to think (very often they have never done it) when you ask them what is the greatest grief, and really there are many people who cry. But please do not remain long in this situation. It is not good. Very quickly you ask, "What was your greatest pleasure?" At once they dry up their tears and they think and say, "Yes. I married a very nice girl. I choose a profession which was for me my greatest pleasure", and so on.

It is more easy to save the situation and partake of the little deficiency they may have so that the patient tells you "Yes, I

have this and that." Take somebody who is jealous. Suppose, a lady is jealous of her husband who is flying in every direction with other women you know it is normal. You will not take this as a symptom. But suppose for no reason she thinks of him whole night. Suppose she found some odour of perfume or something like that and she tries to arrange in her imagination many things, it is interesting for us to know that she is brooding over things which are really not existing, building them up in her own imagination. So about these different reactions you can ask and find that some people are sulky while some others when there will be trouble, just sit for one or two hours and then they accept it very well.

Then comes the very important thing, namely fears. There is in this world something which is really very intoxicating about fears. So you must know many fears. You must ask for fear of animals, fear of tunnels, fear of future, fear of different diseases, fear of crime etc. You must be able to ask questions about these fears. You will see how it is that people have fear that you will never dream of; fears that something will happen. A lady says, "Yes, I am sure my husband will not come back today, he will have an accident". This is interesting. Of course, about fears of animals, if somebody tells you about fears of animals you must also ask, "What kind of animals?" for fear of snakes is pretty normal. So this will not count as a special fear. Regarding fear of dogs, it depends. There are people who will cross a street when they see a dog, because they fear it terribly. Some others, they have been bitten (by a dog) when they were young and they are fearing it now. Of course, this is not so important.

You must allow the patient to go through and let him have his say. If you ask them, "What are your fears?", they do not tell. Habitually they do not like to tell about their fears. Of course, that diminishes their status. So do not try. You must put it this way. "There are many people who have got fear of this and that"

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and she at once says "Yes" or "No". Or she will not say Yes or No. She may say, " I have fear of that." It is what you want. When you have finished your questioning, you must go back and cross-question and see again by asking differently if fear is the symptom, if really this symptom is there, if the symptom is correct. And sometimes unfortunately what you were so pleased to find at first, you may look and find later that it is not at all a good symptom. You see that in your sudden questioning you have made a mistake in not understanding well or you have not put the question as it should be put and so on. There are many shades that you must pay attention to. Now the fears are very important. Then comes somebody, who had told you she had no thought of suicide at all, who may now answer "I would choose a river". But if she is thinking of suicide or she had thoughts of suicide before which she did not tell you, now she reveals it by answering this question.

It is just one of those cross-questions you must try to put and it is interesting. So you ask your question about suicide. But sometimes the patient is not interested in saying 'I think of suicide.' But then you can see it in the pupil, in the right pupil and not only flat representing of grief as I told you, it will be more flat. It is a suicidal tendency and (if it shows) in the right pupil, it is always something non-bloody, for example (suicide) by posion, drowning etc. If in the left eye, suicide is attempted in a bloody way, for example by jumping from a height etc., always bloody, always something ugly to see. You see these marks in the pupil very long in advance. The *Aurum* will never tell you (of their intention to commit suicide) but the *Nux vomica* will tell you, at that time. "Yes, I will shoot myself or I will do this and that". But not *Aurum*. He will hide, may be till the last moment when it is too late. But if you in the eyes, you will know it.

Impatience, irritability — patients who go out of order because they are sensitive, they feel things too quickly and this way we must know the kind of irritability they have. They know

this habitually not by themselves but from the people around them. The wife or the husband will tell you what they are. Then one symptom is very important for the discrimination, you know. It is to us very interesting, it is what we call the eliminatory symptom. We mean by this, the rubrics which will eliminate absolutely some other remedies. There are cold and hot remedies like Dr. Tyler puts it. It is good. It may be very good but still you must be very sure that you are right. The patient will tell you he is chilly, the others will say he is not so chilly. Some of them may say that they do not suppose there is heat, and yet they are in a room where you are very hot enough, but they say nothing. They may come even in warm clothes. You must be careful about what they tell you. So I do not find this rubric the best one or eliminating drugs. It is a good one of course (in a negative way) e.g. when the patient, especially one whom you think is a *Sepia* patient tells you she is not chilly. Of course, she cannot be *Sepia* because *Sepia* patients are very chilly. You can see that if an *Apis* patient tells you he can support the heat very well he will not need *Apis*. Just like when the patient tells you he never drinks water for *Pulsatilla* you are very pleased. But please remember if she tells you afterwards "Yes, I am thirsty only at 2 o'clock" it is still *Pulsatilla*, in the first grade please. Never thirsty except at 2 o'clock! This is one of those things you must know because other you may make a mistake.

There is one eliminating symptom which I find very good provided the symptom is very typical. " What is the effect of consolation?" There are patients who seek consolation and there are others who hate it. They will later tell you that it all depends from whom the consolation comes. "If it is my sweetheart consoling me or my wife or my mother, I like it very much, not the people whom I do not like very much." So with this answer it is amelioration by consolation because really they are ameliorated. You must not take this amelioration by consolation as a symptom. But there are people who really say, "When I am upset, I go into my room". *Ignatia*, *Arsenic*, *Nux vomica* and

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such remedies cover this aversion to consolation. And in this way it is very good to use as an eliminating symptom. There are few such eliminating symptoms. If somebody hates consolation, it is a good symptom. If somebody likes sweets and he is a young boy, it is not a symptom. Everybody likes candies. So when there are plenty of people with the same symptom, do not consider this as very important.

And amelioration by consolation is not a symptom to be taken in the repertory. And why he (Kent) has put it there was becuase everybody was saying so and he could not avoid it. There may be a state where you find that amelioration by consolation is something very curious e.g. a patient has sciatica, a patient has terrible headache and consolation ameliorates. This is very interesting. There *Pulsatilla* may come in becuase it is something you will not expect and because it is something not usual. You must interpret the materia medica as it is. What is rare, what is peculiar, what is strange, this is the thing you must remember.

I remember a professor, well-known in Geneva, who suffered from asthma. Nobody could cure him. He went to homoeopath, allopath, naturopath, etc. Ultimately he came to see me. It was very difficult to find the remedy. The symptoms were simply pathognomonic. I saw some signs in his eyes and in his writing and I was so struck that I told him "Sometimes there are symptoms very difficult to express but you know in homoeopathy we always consider the disposition of the patients something sacred, which I am not there to judge. I am there merely to comprehend, to help the human heart as Kent says and in this spirit we can help sometimes very much". So I tried to look aside, not to look at him. He said, "Yes, I will tell you something," and so out he came with many things. "You know, I have a terrible habit. Every Sunday I take the train to Luzerne. Why every Sunday? Because there are many people in the train with their children. And I choose a compartment where there are many

ladies with their children. And I choose a place where there are little girls and I come near the lady and take the girl over my knees and I rock her to and fro and this excites me splendidly. I am very much pleased. So, every Sunday I go to Luzerne ten times you know, going and coming, and try to find people to excite me. Can you imagine this? And when I go to a hotel, I always choose a room not inside but outside, where there are other houses opposite and I like to undress myself when their window is open, so that the people can see me. This also excites me. Can you imagine this? Or I ring the bell for my breakfast and the moment the lady brings the breakfast I just take my shirt out so that I am almost naked." You know how funny it is. He is an exhibitionist and it is very hard to know this. And in the repertory there is a rubric for this. Where is this rubric? It is not given under the word exhibitionist. That is the trouble. When somebody is like that, what is he? He is shameless, so it is under the rubric "Shameless, exposes the person." Exactly, there is *Phosphorus* there. *Phosphorus* was the remedy. This, I gave him and his asthma went beautifully away. In this case I did not think of his asthma. I think of the symptom more important than asthma. Asthma was a result of this thing, it was the outward expression. But this symptom he never told anybody, because he was a professor, you know. And when he told me I put it right with *Phos*. And the result was splendid.

When your patient is homosexual, where do you search in the repertory? It is a very interesting symptom (Someone in the audience "Increased sexuality"). No, no. It is not increased sexuality, not at all. This is a mental symptom. You must learn your repertory by heart almost and know where to search. You know, I am looking into the repertory for the last forty seven years, every day you know, fifty times at least. Of course, you will never forget it when you find it once, if you have the gray substance beside the white one (in the brain). Look what is written under 'Love, love with one of her own sex'. It is interesting. Of course, I have added and corrected my repertory,

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because I am now reading much *Knerr's Repertory* which is a very fine book. So I find *Pulsatilla* in my repertory. So about the sexual symptoms, your situation is like that becuase it depends whether it is a lady or a gent. It is more easy to ask questions to a lady than a man. It is very funny but for a lady doctor it is more easy to ask questions of a man than of a lady. It is a question of confidence. We don't like to tell our weaknesses to someone of the same sex.

Now in the mental symptoms also you must be very cautious. You may ask questions about the sexual functions. It is normal, everybody tells. You say, "But there are people who would like to have intercourse every day or twice a day." "No" he says "it is not so much". "How much?" "Once a month or once in two months". I am astonished to know this. "Why so?" "Because" he says "I don't feel like it, because I am tired," and now he tells you "I have no good erections". Now you begin to know he is impotent. That is why he does not like to have it often. Or if it is a woman they tell you "Oh, I have aversion to it. I like my husband. He is lovely but the moment I come towards him, I almost feel to cry because I feel I cannot have an intercourse. I must enjoy it, but I cannot. I must play the act all the time." So, you see, you begin to know that what it is. You may say also "There are some people who when they were young were excited." "Yes" the patient says "I was also like that." You always give the example of somebody else. So they will tell you all about themselves. I had a patient. He had convulsions in the midst of coition. This is a rare symptom. We have a remedy for this (*Bufo*).

I had another one who wets his bed regularly with prostatic fluid or semen and whenever he goes to his wife, he has erection alright but not one drop of semen comes. It is curious, is it not? There are others who have blood coming instead of semen. So you may ask such questions and you begin to know some of the things.

A lady with *Sepia* or *Causticum* symptoms but who is very much excited for intercourse is not a *Sepia* or *Causticum*. You have made a mistake in interrogation for it is *Sepia*, *Bromium* or *Causticum* where you know they hate intercourse. And in this way it is interesting.

It is true that besides the homoeopathic remedy, Chinese acupuncture helps very much in those cases. Of course, when you do homoeopathy, do your homoeopathy. I hate mixing any other pathy, because it interferes with homoeopathy in a way. You must avoid any other therapeutics and remedies, but when you use any other way of tackling the patient, either by massage or by osteopathy or things of that kind or by acupuncture, you are using therapeutics which help it. Acupuncture is the Chinese method of touching the seven hundred and twelve points that are in the body, where the resistance of the skin is less and where currents of energy, vital energy, are flowing out at different points. You must know these points. It is a very hard question, a question of memory which is terrible because you must know the names of the points in Chinese and their number, where it is situated and so on. But it is interesting. The patient comes, for example with some disorder that is also difficult to cure with homoeopathy. She comes with a severe pain and is unable to lift the arm. She cannot, you know, comb the hair in the morning. But you just prick on another part of the body, perhaps in the foot at a certain point. You see suddenly she can move, not tomorrow or an hour later but at once! The moment you prick she can do this. Sometimes it holds for ever, sometimes you must come in (and repeat it) after eight days again but the result is so quick, so amazing, so astonishing, like your remedy. If the pain is on the right hand side, if it is on the cubital side, if the pain is on the front or middle, according to this we may prick different places on the foot, but when it is on the other side, we must use a golden needle. And it depends, you know, also on the direction of the prick, whether you turn it to the right or left side, whether you prick two times or one time

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slowly, if you prick first a little and then you go down quickly and soon. This is not a question of psychological effect in hysterical patients. Unfortunately, if you don't touch them at the right point the effect is nil but if you prick at the right point the effect is like that of the homoeopathic remedy. You can give your hysterical patients many remedies, but there is nothing, no effect. But the moment you give them the right remedy they are cured. So is the case with acupuncture. An asthmatic comes to you gasping for breath. You prick him on the right point and he will suddenly say, "Oh, I can breathe". It is marvellous. But when you have not touched the right upon there is no result.

Then this question of hysteria. I am sorry to say in my 45 years of practice I have never found a hysteric patient inventing a disease. As Hahnemann said the patient may exaggerate the symptoms or diminish his feelings. But patients who invent all their symptoms, I have never seen. Exaggeration, diminution, sometimes falsification. Yes. But inventing the whole disease I have never seen. So you see about hysteria. I have never used this rubric (hysteria) in the repertory. It is very easy to speak of hysteria like we speak of rheumatism, when we do not know anything about the disease. So we use the words wrongly.

HOMOEOPATHIC CASE TAKING : SOME POINTS

There are three cavities in the body containing organs, the *first* one being the head, the most noble one becuase it protects the capital of the man. It is, of course, his capital, his millions of dollars which are there, it is his friend, his intelligence and his work. It is very thick. It has only small apertures, as in a bank, you know, one or two windows. The *second* one is the chest. It is made of flesh and bone. You can look through it, you can see through as in a jail. This contains the heart, the lungs, and the different organs, the thymus and so on. The *third* one is the abdomen. It has no walls and has nothing before that. It has only muscles, but no bones to protect. Here, only on one side it is protected. With an umbrella you can pierce it if you like. So this is the third one.

And what is interesting? The first one contains the brain which is working at our will. We can do what we like. This is ours to command. But here in the chest, we cannot command very much. We can breathe more quickly, we can breathe more slowly, but we cannot stop breathing for 20 hours. And the heart, you can try to make it work more quickly, but you cannot command your heart like your will. So there the commands are not so important. But here in the abdomen you can command nothing. Here every organ works by itself while you sleep, like

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the regulation of the temperature which keeps you at 37° C., the organs responsible for digestion, for urination etc., everything goes on working without our will.

Now the Lord arranges everything in such a way that every part of the body reveals also the total, every small part reveals the whole. The face, for example, can be divided into three different parts : the eyes and the part above it, the part between the eyes and the lips and the part below that. Here, in the first part, you have the eye and the forehead. When you are angry, you frown (the forehead furrows). So also, with your eyes. You can face somebody and fire somebody, or you can make sweet-eyes (winking), you know. Now these are all connected with the brain.

Then in the second part, there is the nose. In serious diseases, the nose is flapping, for example in the lung disease. Or with the heart disease, you can see a little telengiectasis or blue vessels visible on the side of the nose.

And the third one is the mouth. And the mouth and the lips can say many things. Big bulding lips express people who are very greedy for eating, good eating; also for love, because you kiss with the lips. This corresponds to the genital parts. Only by looking at the face, you may know everything in the body. There are people who by looking at the hands or at the nails can tell you everything and some of them by the form of teeth. They can tell you everything from the skull. One of my pupils had discovered that the ear is the inverse of the foetus and that there you have the vertebral column above, and below that the eyes and the nose, then you have skin. There you have the geographical map of the whole body in the ear, and by touching certain points with the needle, sometimes you can cure things at once. Ladies who have always tiresome backaches, who always have a pain there, just touch them near the corner of the ear there, very near point 4 of 5 and 2, and when you touch it, the pain which they have had

for 4 or 5 weeks sometimes disappears. Now they have no pains. In 10 seconds, the pain has gone. Repeat after 8 days, sometimes not. It is amazing, but I have not the time today to speak to you about the marvellous method of acupuncture.

Now, I told you listen, observe, write. After this comes examination. Examine the patient carefully. Examine your patient with all the modern ways, with most modern methods. For what purpose? Of course, you may say for diagnosis, if you like to please yourself. But in reality, this is very important for you, for your homoeopathic diagnosis.

As Kent says, when you write down the symptoms, divide your page into two parts. In one, you write your pathognomonic symptoms and in the other there, your non-pathognomonic symptoms. When a man comes with cough and says there is a pain there when he coughs, with sputum which is yellow, anything about the cough, you wirte it here. But when he tells you, for example, there is a chill in his left leg when he is coughing or that he has headache when he is coughing or that he has any curious symptom that you do not know why he has it, we put it there on the other side, on the non-pathognomonic side.

Now I remember the story of Dr. Charette. He wrote a very interesting book, *"What is Homoeopathy?"* If you have not read it, you should read this because it is very amusing and full of funny things. But what is interesting? One day a doctor came to him and told him, "You know, I have been treated for three months. I have a terrible vertigo, a very curious giddiness every time I read the paper. The more I read, the more I have my giddiness and you know I cannot read any book, I cannot read any paper. I am very cross. I went to the specialists who put me on the whirling chair and tried to find out what is wrong with me. They could not diagnose what is the disease. They looked into my ears. They looked into my throat. They found nothing.

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They gave me massage, they gave me electricity, but you know I still have the vertigo. What to do?" And now it is so simple for a homoeopath. If a remedy has ever produced giddiness while reading, you can cure this patient. Now, sometimes, I feel you can make the diagnosis of the disease also by knowing the remedy, and you can know the other symptoms. So Dr. S. tried to do something which is sometimes tedious but he said, "I am sure this is in the materia medica". He did not know anything about it but he tried to put this affirmation. "But when and where, I do not know, I will search and I will read all of Hahnemann's materia medica from beginning to end until I find the remedy for this vertigo." The physician thought it was a very nice way of course. If it had been in the letter "S" it would have taken many months. But you know the Lord is so marvellous and kind, it was in the letter 'A', but not in the beginning of the letter 'A'. Otherwise it could have been *Aconite*, *Agnus castus*, or *Ailanthus glandulosa*, *Allium cepa* or *Ammonium carbonicum* or something like that. It was at the end of the letter 'A' and by turning the pages it took something like seven hours for Dr. S. The remedy was *Arnica* but when you find *Arnica* for a case with a curious symptom like that, you think there must be traumatism. He asked his patient. "Have you ever had any trouble, something like an accident?". "No, no, never". But when he persisted "Do you ever remember having had an accident?, he said, 'Yes. One day I was asked early in the morning to see an emergency case. I did not have my car. I took a taxi and I told him to go quickly, *Jaldhi, Jaldhi* [3] to the place and you know I went to the car and we came into a road where there was a little depression, and so I bumped my head against the top of the vehicle. And since that time I have vertigo'. So homoeopathy knows when you have vertigo, and it corresponds to *Arnica*, you must have had traumatism. It is curious that you can thus make the diagnosis and have the remedy. But you know, it would have been easier if the doctor would have known the use of the

3. *Hindi word for quickly.*

repertory. If you take Vertigo and search under the rubric you will find 'Vertigo aggravated by reading'. There are many remedies here. But what is interesting? There is only one remedy which has Vertigo on reading a long time and that remedy is *Arnica*. There are other remedies for other kinds of reading e.g. for reading aloud there is still another remedy. You know, you are learning a lot of things by studying the repertory. So everybody must possess a repertory besides the *Organon*, besides his materia medica and besides he will have his memory in the first cavity (head), you know so that you will be able to find the remedy very quickly.

So much about the value of symptoms. Now examine your patient thoroughly. You, of course, know what are the symptoms which are pathognomonic. Do not take them into consideration first. Take them last. If the patient has pain in the knee, pain in the eye, pain or trouble in the right arm, don't care about it. You don't throw it away, no. But set it aside simply. And if he has any symptoms which are funny, like the symptoms of the nose, like the symptoms of giddiness, funny sumptoms, of course, these you must take into consideration first. You put it down and you begin to study first your non-pathognomonic symptoms; and your best cures will always be done with the non-pathognomonic symptoms. Now, if you have very few symptoms you must take what is available, then you must take the pathognomonic symptoms. But the more you can take care of those others (non-pathognomonic) the better will be the cure. Forget the disease, see the patient, see the symptoms which he predicated of himself. These will help you to find the right remedy better than anything else.

Now comes the time, you must co-ordinate. The fifth stage is co-ordination. This is the stage to co-ordinate the symptoms, to establish the value of symptoms, to weigh. It is a question of quantity for the allopath while for the homoeopath it is a question of quality because homoeopathy is a method of quality.

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Now when you have symptoms, what are the types of symptoms that are most important? It is not the question of taking down all the symptoms of the patient, page after page. As Dr. Weir has very well said, "Take the minimum symptoms of maximum importance". What are the symptoms that are most important? There are exactly five categories of symptoms. If you remember this, and if you take care of this, you will make beautiful cures.

First the mind symptoms, providing they are important, they are characteristic. If the patient says, "I have no good memory, I am sad very often. I am a little dull, I cannot concentrate myself". There are 500 remedies for each one of these symptoms and it is not very interesting. If you go to the station to search for a friend or somebody you do not know who is arriving, and he wrote to you I have two eyes, one nose, two legs and one head, you will not recognise him, but if it is a lady with the green hat, she is squinting, you know, she is limping and she has a white handkerchief in her hand, then you will recognise her at once. So the question is to know the characteristic symptoms and to know what the symptoms that predicate the patient. So you have typical symptoms, I do not have the time today to tell you all the gradations into the mind's symptoms. It is fascinating to know about the many symptoms of the intellect, which are the ones that are more important, and which are the ones that are less important. But you will always have symptoms of fear or symptoms of excitation, irritability or weeping, sadness or despair and so on. Always it is possible to find such symptoms.

Now the *second*, I can indicate this way, the omega [4] this is the general symptom. The general symptoms in the repertory are in the last chapter because the repertory is thus made, first the intellect, last the general symptoms and in between sandwiched all the rest. You have all the symptoms coming from the

4. *The last letter of the Greek alphabet meaning here the last chapter in "Kent's Repertory".*

head down, between the intellect and the general. And remeber that the general symptoms are those of aggravation by heat or cold, aggravation by different seasons, aggravation by the weather, by the position, by going on the mountains, or near the seashore, by resting, by dozing and you know there are plenty of others. Most materiopathic influences are general symptoms which affect the whole body and not only one part. So you have the general symptoms.

Then comes here, the symptoms of the stomach, not of the digestion and so on, but about the aversions and cravings. This is a very important thing. When your ask someone, "Do you like sweet, or do you like bitter things?, if he says "Yes, I like them" or "I do not like them" (in a monotonous tone), this is not important. But when you ask, "What about salt?" you see his eyes become bright. He likes it so much that even before tasting the soup, he puts salt in it. So he has a craving for salt. People who cannot do without going to sweetmeat merchants for buying sweet things and delicacies, pastries, etc., it is a desire, a craving for sweets. Now there are people who eat salads you know with vinegar. When it is finished, they take a little vinegar in a spoon and take it, so much they like sour things. In the morning they take a lemon and they take it raw as such, so much they like it. So you see this is a craving.

Now, an aversion. If somebody makes a face, really it is a disgust, (he means) "No, I do not like it". You must note the expression on the face as well as the words expressed by the patient. So you have there the symptoms of cravings or desires.

Now this is a rubric that is very important — Amelioration and aggravation by certain items of food. There are people who like very much food with cream, and sugar and sweet, but they are sick right after, no matter how much they like it. So they may have a craving for it and an aggravation from it. If you have an aggravation from something you like, it is curious. But to

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this, you must be at once attentive. When you have a patient in acute and very serious stage and his life is in danger, if he craves something give it to him. But in chronic cases keep it away. So if somebody likes alcohol in a chronic case, he says when I drink brandy I feel so well, you must prohibit it. If in an acute disease he is dying and he wants brandy, give it to him.

Now you have after this the sleep symptoms. The sleep symptoms are very important because when you are asleep you do not know what you are doing and sleep for a physician and a homoeopathic physician is very important. *First*, the position in sleep. It seems to be very funny but there are people who sleep on the abdomen, on their stomach. Why, I do not know, but it is a very good symptom of *Medorrhinum*, *Pulsatilla* and other remedies. And I know there are people who cannot sleep on the left side. Some others who have heart disease can only lie on the left side. Some of those sleep like that with hands above the head, you know. The children must sleep like that. But when an adult sleeps like that, he may be having liver disease. There are people with asthma who are always better when lying flat. Why? Explain it to me. It is very good non-pathognomonic symptom because we cannot explain it. So remember the position in sleep.

Now what are you doing when you are sleeping. There are people who keep their eyes open. It is funny but it is so. Or they keep their eyes half-closed with the eye-balls going up. So you take notice of this of course. Now there are people who squint when they sleep. But some others make a motion like this (chewing). This is *Bryonia*. Of course, when a child is making a motion like a rabbit, it is always *Bryonia* in delirium sometimes or in fever. Now there are people who chatter in sleep. Some of them grind their teeth, some of them clench their teeth as if they do not like to open, as in trismus or tetanus. There are people who talk. There are people who shriek. There are people who sing. Some of them weep. It is interesting to watch somebody in sleep when you can find so many symptoms. There are people

who slide down the bed by morning. Well, you see these things are interesting. When they slide down like this habitually, they sleep with their jaws open and this is a very good symptom of *Muriatic acid*. Every body knows it. So you see by looking at the different states of the sleep you can learn a lot. Now the sleep can be restless, it can be comatose, it can be semiconscious. You know the different kinds of sleep. There are restless people who always roll up and down. In the morning they must search for the different pieces of the bedding around them. Others remain exactly as they were. You can find all these in the repertory. Open the repertory and you will learn a lot. By turning the pages you find different things, they correspond to certain remedies out of which you can choose.

Then there is sleepiness. Some people are sleepy in the daytime; when they are listening to a lecture, they just begin to doze. There are people who cannot listen or go to a lecture without closing their eyes, or they begin to sleep after lunch. There was a notary. When he was writing what the client had said to him, he was in what we call as narcolepsy. It was a terrible heaviness of his eyes, sleepiness. He could not help closing his eyes. It was a disease. Of course, *Opium* will help him.

Then there are people who are sleepless. Sleeplessness can be in the beginning of the night. It can be in the second part of the night. It can be from 1 to 2, from 2 to 3, from 4 to 5 and these are indications for different remedies. When in the morning it is *Natrum sulph*. When it is from 2 to 3 or 1 to 2, it can be *Kali carb.*, *Kali ars.*, and so on. Everybody knows those little shades. There are people who are very sleepy. They cannot keep their eyes open in the evening, but the moment they are in the bed they cannot sleep. This is very often *Ambra* or such other remedies. Open your repertory, do not break your head. Open your repertory and read. You must have the *Organon*, materia medica and a repertory plus your brain which helps you.

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Now come the dreams. There are dreams which are repeating every time. There are dreams which are prophetic. The moment they dream something, the next day it will happen. The patient begins to dream one day and then it continues all the week like in a cinema. It is funny but there are people you know, who have dreams that are exhausting e.g. as if they are climbing mountains. In the morning they are all covered with sweat and they feel so tired. All this is found in the repertory. Open your repertory. See such of these things.

And to finish the last about this. This is co-ordination. Co-ordination of the sexual symptoms. Of course, this requires the tact and the delicacy of thought of the physician to talk of this question with the patient.

You will never begin with this. If you know how to handle human hearts and human beings, they will tell you very easily their troubles, especially their sexual troubles, that they will hide from everybody else. You must know if the patient is plus or minus, whether he has hyper or exaggerated feeling of sex or the other one, no feeling or aversion. You will know also deviations and abnormal possibilities. You will know many more things. I have not the time to tell you today. By looking at the patient you can know many things that he will not tell you, I see very much my corneal microscope. I can know at once if the patient has onanism, masturbation, if he is much excited, if a lady is a virgin or not and so on. I can know from the eyes many of the impulses of the human being but I have not the time today to expose this to you all. It is very complicated. But one thing I will tell you. In this part comes for the lady everything pertaining to the menses. But what interests us, it is not only to know about the menses, if the colour is dark or the colour is pale or reddish but also if it is in clots, irritating the parts or if it is offensive or if it is bland or about the quality of the blood, if it is more at night or more in day time, more in the morning — if it stains the linen, if they are yellow or of different colours and so

on. You may find in the repertory all the answers for these questions. This is very important. Now you have, you know, with the repertory and with your *Organon*, many things to ponder over, and I think with all these explanations you will be able to feel the enthusiasm, that I feel for homoeopathy.

Because the more an allopath grows old the less he believes in his medicines. In a trolley car, when you see two physicians, one an allopath and one a homoeopath, you know what they think. One thinks of the leg of the patient which will be in the anatomy, pathological anatomy, whether it can be cut off to cure disease. If it is of the abdomen whether there is a tumour and so on. Well, he thinks of negative. But the homoeopath is always smiling and thinking what remedy may I find for this patient, there may be a remedy for this patient, may be we will be able to save this patient. Mostly he always thinks with hope, there is always the possibility of learning something more. The more an allopath grows old, the more he is pessimistic; the more the homoeopath grows old, the more he is enthusiastic and optimistic.

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SOME SERIOUS CASES

I will give you a short survey of some serious cases. Of course, there is no need to tell you that it is possible to help such patients, with homoeopathy. I will not tell you the 14 cases I have prepared. It is too long.

It was in the best University in America, may be the best in the world, the California University, where they had decided to have a Chair for Homoeopathy and the Professor elected to the Chair was a German who was very intelligent. He came before his confrerees. He told them, "I do not wish that you should send me the case you think you will be able to help. I will like to send me those cases that you can do nothing about, the cases that you cannot help or that you have treated for months or may be years and are still there chronic, and there are chronic infirmities. So if you could send those I will see what I can do". And he received three cases.

The *first* was from a Professor of Dermatology who told him, "That is very nice. I can send you a case of Verruca obstinata. It is a case of warts that I have treated now for one year, and this man has 26 horny very large warts. He is 20 years of age, and since one year I have tried caustics, acid, X-ray, etc. I have even tried surgery but when I take one out, another comes in its place

to laugh at me". So, he was very cross. "I do not want to see this man when he comes. Now, I have told my assistant that I have had enough of him". Thereupon, the homoeopath studied the case. It was a case of *Thuja*. He gave the patient *Thuja* 200 and you know, the disease which had lasted for one to one and a half years disappeared in two weeks, beautifully and quickly, and it never came again. (Applause).

The *second* one was a funny case. It was the case of a surgeon. This surgeon was very skilful and he was getting a little old at 65 years, and whenever he was stitching, every time he was stitching up the intestine, suddenly his middle finger would bend down like that, down like a spring, and he had to push it up. When he continued the stitching, promptly it would go down like that again. It is very amusing but in the pathology what are you doing with this? Go to your Pharmacist and ask him what he will give for a spring finger. So one day, there was a handful of blood coming out on the operation table and he was saying, "Now, I must abandon my profession because, this makes me so furious, but I do not know what to do." And his assistants were just crying with him and they were telling him, "We do not know what to tell you". At that moment, my brother who was my first pupil, who is now in California, San Francisco, was passing there and one of them jokingly said, "Ha! here is a homoeopath. Let us ask him what he can do". It was a joke, you know but it was challenge too. My brother came in and said, "What is the matter? Oh, I see! Very simple". Although there were no symptoms, you know, only this, my brother studied the case and he gave one dose of *Ruta* 200 and since that time the finger was very obedient and never came down again. (Cheers)

Now, the *third* case, the whole hospital came to know of this case of the professor and they were very cross, and there was one, the Professor of Opthalmology, who said, "I have a case for you. This, you will not be able to cure". It is a disease of the gland. I do not know whether you know of this disease, a disease with

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a very complicated name. It was a man of Spain who discovered this disease of the gland. It is a disease affecting the gland, of the eye that secrete the tears for ladies, you know and of men too, which are coming regularly into the eye, to wash the dirt, to clean the eye, and to keep the cornea always in good vitality. Now, this gland dries up. No more tears and the patient's eyes begin to become very painful. Inflammation begins, gangrene sometimes supervenes. It is sometimes very serious, threatening his life. They do not know what to do. They try vitamins. They try many things, all in vain.

Now, this patient was very funny, she had very funny symptoms. She had trouble first on the left side. Second, generally she desired all the time to take oysters. She was very fond and had a craving for oysters. She liked pickles very much. Now she could not support the odour of tobacco. That is, when somebody was smoking she cannot remain in the same room, it was unbearable. Now when she had perspiration, the linen was becoming always yellow. Funny, yellow when she perspired. Besides these, it was impossible for her to find the nourishment which was enough cold or enough hot. She could not support anything either too cold or too hot. She was always eating something tepid. But too hot or too cold was embarrassing and it was absolutely impossible for her to eat salad with vinegar. So all those symptoms everybody knows, are typical of *Lachesis*, *Lachesis trigonocephalus* or *Lachesis mutus*, you all know. Now for this patient, my brother gave her one dose of the 10,000th dynamisation. And what was funny, you know, she had a little aggravation after being better for three days. She began to be aggravated. On the 12th day, he repeated, which we do not do frequently, because we wait longer but he gave her a second dose. After the second week, the patient became better and better and after a few weeks, she was completely cured. The tears came back again, redness, dryness everything disappeared. She went to the clinic and she was shown to the professor. He was spell-bound and did not know what to say.

Thus, you know, the trouble began. Since that day, can you imagine, no professor, no specialist ever again sent a case to the homoeopath. This was too dangerous! Of course, it was too dangerous to let them prove that homoeopathy is superior to any other pathy. And in this way, this school which had to conduct a course of materia medica had no patient to present to the class.

Now, I will not tell you all the other cases. But I will also tell you the case of my mother, because it was of someone who was very dear to me, and I think, that it will interest you. I will tell you two cases only.

I will not speak to you of all the cases which are so frequent that at midnight, exactly at midnight, the telephone rings. In a month I may say two or three times the telephone rings at midnight. You take the telephone and a mother tells you, 'Oh, Doctor! can you come?" You hear the terrible shrieking on the telephone. Baby was shrieking because the baby had pain in the ear. What is it? It is midnight. The child is restless. His face is red and the mother does not know what to do. The child is shrieking with pain. Now what to do? Every patient who comes to me goes back with a bottle of *Aconite napellus* 200 in his pocket. I tell the mother, "Have you got *Aconite*?" Oh yes, because I give this for the cold. For the beginning of the cold, for everything which comes on suddenly, everything that comes on especially at midnight, any inflammation in appendix, or the ear, eye, anything where it is sudden, like a storm in good weather, coming suddenly. Everything which is sudden, comes suddenly and when there is restlessness, when there is anxiety, when there is thirst, when there is especially redness of the parts, think of *Aconite*. So I tell them, "You have got *Aconite*? Yes. Put a few globules in a glass of water. Give a teaspoon every five minutes. And if after 15 minutes, the child still shrieks, will you phone me again?" And since 4 years I was never called a second time after midnight. The proof of the pudding is in the eating and there, I tell you, the pudding is very nice because it

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comes in nice little globules. And now you see, I come in the morning. Either I see a little blood, if it was haemorrhagic or a little pus, or there is nothing for the inflammation has subsided. The child is quiet. The indication is given of another remedy according to the quality of the pus — if it is red over the ear, if it is of bad odour, colour, consistency etc. Everything is in the repertory. You have only to open the page and look at it and you see, you find your remedy and you can cure the patient very easily.

Now I had a very funny case one morning. I would like to know what the allopaths would have done that morning. I know becuase they have tried. It was a case, a very curious case, of a man. You know, he was a janitor of the conservatory of music — a very stout man who liked to eat well, always sitting in his chair, taking telephone calls for different plays, piano or anything like that. This man is loved by everybody because he was a very jolly and nice man and this man — he was 40 years or something — he had a friend, a very dear friend. He was beginning his work only at 9 o'clock. Every morning at 8 o'clock sharp he was going to the lake which is just only ten minutes' walk, and taking his boat and rowing for half an hour or so with his friend. One was paddling and other telling some story. And the friend was always very punctual. And one morning at 8 o'clock the friend was not there. So he took the phone at 5 minutes after 8, and when he heard his friend's wife on the telephone he said, "This is terrible, you know. Charles is very lazy, he is a bad boy. I hate him. He was always very regular" and so on and you know, he began quarelling over the phone. Of course, the lady could not answer a word. He was talking himself all the time, but after a while he stopped and said, "What is the matter?" She said, "You know, my dear friend, you will not see him again". "What? I will not see him! He must come up at once". "Because he died in the night" she said. Now then, he put the telephone down and he began to hear in his right ear a terrible buzzing, so hard that he could not answer the telephone,

so strong it was. He went, of course, to the doctor, who tried everything, massage, hot and cold injections, everything, but unfortunately it was impossible to cure. He was growing worse and began to be sad, melancholy. He said, "What is life going to be? I have lost my friend, and now I am almost crazy with noise". It was a case, just a hard case for homoeopathy, like other cases which are lost by the others. What is interesting is to know about the symptoms, mental symptoms, general symptoms and so on. There is one symptom above all, I forgot to tell you, above the main symptom, above all other symptoms. This is what we call the etiological symptom. If you know, after a grief or after a sudden indignation, or after anger or after an emotion somebody has been sick, you are dealing with the mind. You are not dealing with mice or guinea pigs, you are dealing with human beings, They can tell you what they feel. So I gave him the remedy for ailments from indignation and grief. At this time, it was silent grief, because he could not weep, and the only remedy which fitted him, because he was never thirsty, was *Gelsemium sempervirens*. I gave the 10M, one dose — and you know, since then, two days after the dose, he had none of the buzzing and it was for all his life finished. He had not a single noise in his ear. And the case was so fascinating and everybody was so astonished to see that this man had had, for more than a year, buzzing in the ear and within a few days, it had disappeared with *Gelsemium*. It is the remedy for any trouble that comes on after grief, silent grief, combined with indignation, because he was indignant that his friend did not come in time.

Now before I finish, I will tell you the case of my mother. I will tell you the case of my mother because it is very interesting. You know, my mother was 89 years old last year. And this is the time when we must think about her departure, When one day I came home I found her in her bed, snoring, comatose; she remained thus for 8 days, without a stool, without sweat, or a drop of urine, a body, a corpse in bed, just living, pulse rather slow, pupils small, absolutely like a corpse or cadaver. I thought,

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of course, this was the end of her life. I would have been very pleased if she can pass away in this way, without knowing any pain. I was very pleased this way. But I was very sorry in the other way. One of my nieces who was young, who was studying Medicine said, "Why should we not give her some cortisone or injections or blood-letting, something modern?" I said, "No. I will not give my mother anything which will aggravate her situation. Now she is in such a stage. I think she is at the end but if there is any hope it must be only homoeopathy". When you have before you a body which is doing nothing, no sweating, nothing, you think of only one remedy — *Opium*. *Opium* just covers the situation. So I gave her in the corner (of the mouth) there, a few globules of *Opium* 10,000. Ten minutes later, I saw a blinking of the left eye. Half an hour later, the other eye also started blinking. She looked at me, she could not speak. The next day, she could move an arm, after a few days she was able to move her feet; she could not talk but by & by, everything was better & better every day and in two months she was picking flowers in the mountains and helping in the kitchen. (Cheers)

Now my last case. I must take a case where really one should see whether homoeopathy is really the remedy for children, and not merely for those who believe in it and for those just psychic cases. You know, I was knowing a young assistant of a Professor of Surgery in a hospital, a very good Professor in a marvellous clinic in Paris. He had an assistant of his who was interested in homoeopathy. One day his wife had a child and a few days later she had hardness of the breast, fever and pain at a 12 o'clock. She asked me what to do. He was preparing to open (incise) it and I came and I found there was hardness and it was better from pressing, and I gave *Bryonia* 10M. The next morning, no pain, no fever, and in two days, she was able to give her breast to her child, and everything was over. So much touched and pleased was he that he said, "I will be pleased if you will help my children also." I said, 'Sure' and gave him different remedies and he tried homoeopathy with much success.

Now, one day a boy of 10 years came at the outdoor of the polyclinic. He came with his parents, because his parents found that he had often pain in the abdomen. His mother was fearing appendix and so I examined him and I found there was really nothing, only a little tenderness. There was no case for opening the abdomen and I said he can come again after a few days or a few months when there was something more important. A few days afterwards, at midnight, the child came with his parents, unconscious, belly absolutely rigid with peritonitis. We had to open it at once and when we had opened the abdomen, a jet of pus was coming out of the opening — the abdominal cavity was full of pus. It was a perforated appendix. This, we see sometimes. So, with our new wonderful medicines, you know, *Penicillin*, *Streptomycin*, in and out of the body, by mouth, injection etc., within 3 days the child was well and the parents came and thanked the professor. They said they were very pleased. He said, "I think the child is saved and I am very pleased at the modern way of therapeutics and the weapons we have now to fight microbes." This was all right. Now one day later, the child was not so well. He could not eat anything or tolerate any liquid because he was vomiting at once. So he began to emacite. After some days there was complete disintegration, and he could not eat, he could not drink. They tried to give enema. But he could not support it. It was coming out. They tried to give an injection of glucose, different preparations you know, solutions and so on. It was causing a swelling there and was remaining like that. No absorption. Then they became desperate. So I was called in. The boy could not speak. The poor one had emaciated much, he had high fever and the case seemed lost. There was septicaemia. So the professor called the parents and said, "I am very sorry. I did my best, but the infection came again. We have tried everything. I can do nothing more; the child is probably lost. We tried even at 10 o'clock and then again at 4 o'clock. We tried to give an injection of *Penicillin* but the child is only 10 years of age and his veins are very small. We must make an incision there and find it and so on; it is very difficult."

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One of his assistants was my pupil. So at 4 o'clock after the professor's visit, he phoned to me and said, "Doctor, I am so sorry about this child, I have taken him to my heart. I have tried my best. I was so pleased to see him get well and now he is going from bad to worse and he is lost. Have you any advice? Anything whatever that I can do to help him?" Surely, homoeopathy has so many weapons. But it was not a case to be laughed at. It was a very serious case. I said the first thing, you give him *Arnica montana* 10,000. Why *Arnica*? Because there is zymotic disease, there is infection, there is truamatism (by surgery), because he has been opened up—Traumatism. The remedy for traumatism is habitually *Arnica*. So, *Arnica* may help him. It is a marvellous remedy. Give him *Arnica* at 4 o'clock today and tomorrow in the morning when he wakes up, give him one dose of *Pyrogenum* 10M. Like William Tell in Switzerland who was asked by the terrible man in Austria (Gessler) to put an apple over the head of his son, and to shoot it with one arrow, you know, the Swiss homoeopaths are also like that (sharp shooters) when they give one dose of the remedy. So in the evening at 10 o'clock the professor asked his assistants to try to give him an injection of *Penicillin*. Others were not keen because they knew what it was to go into the vein of a boy of 10 years. Besides this, they had done that before. He was not absorbing *Penicillin*. So they said, "What is the use, beginning this again? Only to satisfy the parents? To say, we have done something? But this is very wrong." So he said he will come and see the patient at 10 o'clock for the first time in many days, the patient was asleep. They said, "Sleep is a very good boon. So let him sleep till tomorrow morning." And the assitant said to the nurse, "Give him the powder tomorrow at 6 o'clock." At 6 o'clock the nurse gave him the powder, *Pyrogenum* at 9 o'clock or 10 o'clock when the professor came with his assistants and you know, the corps of the ballet with him, he went into the room with all the white shirts to look at the patient, he found the child smiling and saying, "Please give me something to drink." But the nurse said, "I will not give him something to drink because I know at once

he will again vomit." The Professor said, 'Try it'. So they gave him a tiny half-spoon of water. They put it into the mouth and he was so pleased and everyone was so pleased they were looking with their mouth open, and it was not vomited. He asked for more and then he drank the whole glass, you know. After this they tried to give him a little milk. He could retain this very well and can you believe, two days later the drain was removed, for there was no pus to be drained. And five days later he was leaving the hospital cured not knowing who had cured him, what had cured him, only that he was cured. And his parents were so pleased. The other assistants did not know what it was, the nurse did not know what it was. But my assistant went to the professor and said, "I must tell you. Doctor. I gave him two homoeopathic remedies." And the professor was very intelligent. He said, "If ever I am sick I will take a homoeopathic remedy." (Prolonged applause).

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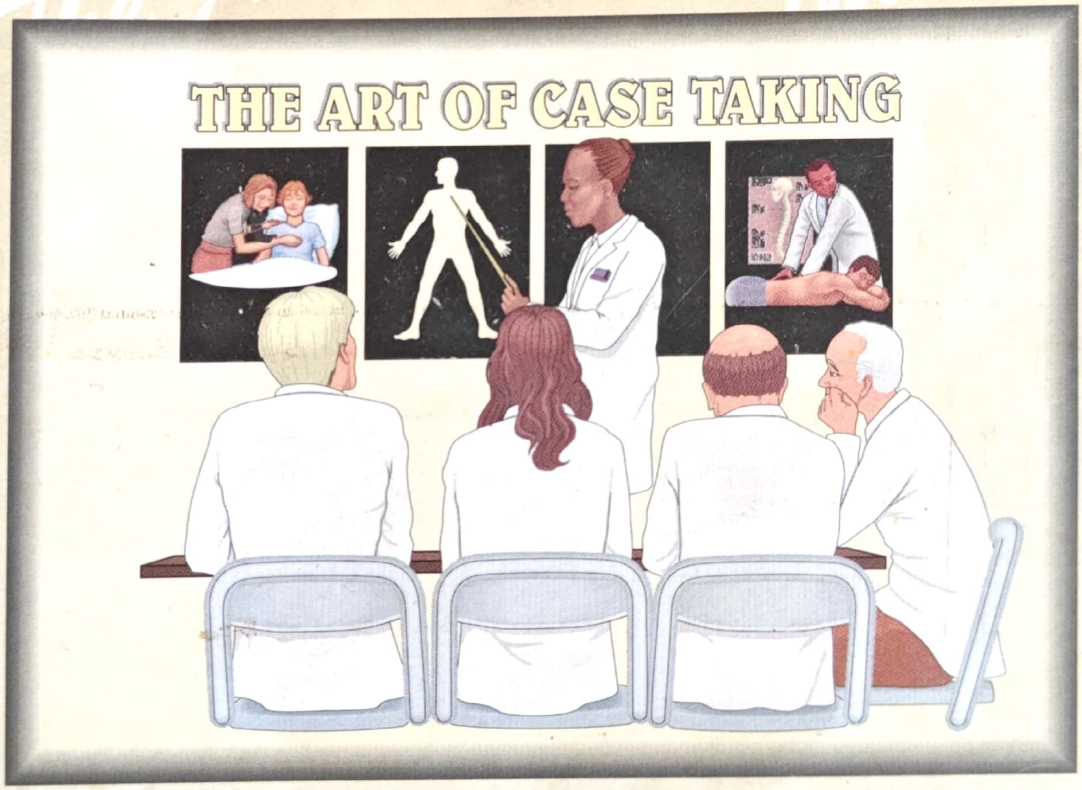

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